LIVING TOBACCO FREE

RECOVERY & PREVENTION FOR
OUR MENTAL HEALTH & WELLNESS

Missouri Plan for Living Tobacco Free

Recovery and Prevention for Our Mental Health & Wellness

MISSOURI DEPARTMENT OF MENTAL HEALTH

2010

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Dear Consumers, Families, Providers and Missourians:

The Department of Mental Health is pleased to share its ***Missouri Plan for Living Tobacco Free – Recovery and Prevention for Our Mental Health & Wellness***.

Tobacco use is the single leading preventable cause of disease, disability and death in Missouri. It is the leading cause of premature death for persons with mental illness or substance use disorders and contributes to persons with mental illness dying an average of 25 years earlier than the general population.

The Department of Mental Health believes that overall health is essential to mental health and that recovery includes wellness. Reducing or preventing tobacco-related disparities among consumers of DMH services is critical to consumers' experiencing optimal mental health and wellness. The goals and strategies in this plan will reduce and prevent tobacco dependence and contribute to the recovery of persons receiving services for developmental disabilities, mental illness and substance use disorders from DMH.

The plan was developed thanks to funding from the Missouri Foundation for Health and a group of committed and passionate mental health consumers and professionals. Implementation of the plan will result in a reduction of tobacco-related disparities and improved mental health and wellness among consumers of DMH services.

Sincerely,

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Missouri Plan for Living Tobacco Free

Recovery and Prevention for Our Mental Health & Wellness

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MISSOURI DEPARTMENT OF MENTAL HEALTH

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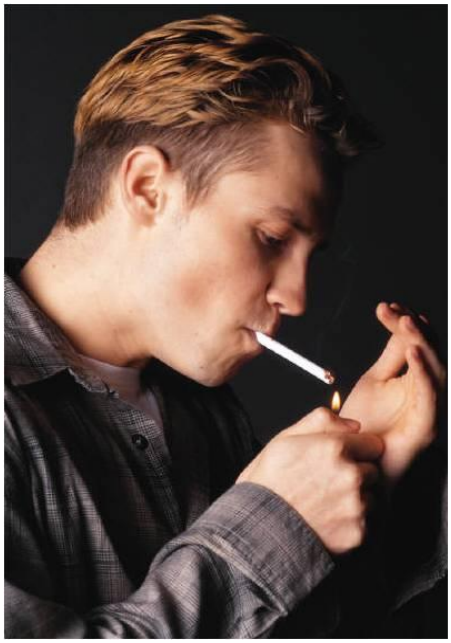
National Tobacco Use among Individuals with Mental Illness, Substance Use Disorders, & Developmental and Intellectual Disabilities

- The use of tobacco products is the number one cause of preventable deaths in the United States, accounting for 438,000 deaths annually *(US Centers for Disease Control and Prevention [CDC], 2005).*
    - Around 200,000 or 45% of those deaths occur among persons with mental illness and/or substance use disorders *(Lasser et al., 2000).*
- The use of tobacco products is the leading cause of premature death for people with mental illness or addiction *(Williams, 2004)* and contributes to persons with mental illness dying an average of 25 years earlier than the general population *(Parks et al., 2006).*
- Forty-four percent of persons with serious psychological distress (SPD) smoke cigarettes, compared to 21% of the general population *(Substance Abuse and Mental Health Services Administration, 2005).*
- The use of tobacco products is reported at rates 2 – 3 times higher for individuals with mental illness and substance use disorders than of the general population *(Lasser et al., 2000).*



- Persons with mental illness or substance use disorders smoke 44% of all cigarettes in the U.S. *(Grant et al., 2004).*
- The use of tobacco products varies significantly based upon the type of illness and setting:
    - Among individuals with developmental and intellectual disabilities, those with mild to moderate disabilities smoke at higher rates than those with severe intellectual disabilities; 36% vs. 4.3% *(Robertson et al., 2000; Tracy and Hosken,1997).*
        - Individuals with co-occurring intellectual and developmental disabilities and substance use disorders have lifetime tobacco use estimates of 83%, nearly as high as the estimated 87% for those with substance use disorders in the general population *(Westermeyer, Kemp, and Nugent, 1996).*
    - Twenty percent of individuals with developmental and intellectual disabilities living in their own home smoke, while only 3.1% of those living with the assistance of family or friends, and 5.2% of those living in community care facilities smoke *(Lewis, Lewis, Leake, King and Lindermann, 2002).*
    - By diagnosis:

Schizophrenia	62-90%
Bipolar Disorder	51-70%
Major Depression	36-80%
Anxiety Disorders	32-60%
Post-traumatic Stress Disorder	45-60%
Attention Deficit Hyperactivity Disorder	38-42%
Alcohol Abuse	34-80%
Other Addictions	49-98%

(Beckham et al., 1995; Budney et al., 1993; Burling et al., 1988; Clemmey et al., 1997; de Leon et al., 1995; Farnam 1999; Grant et al., 2004; Hughes, 1996; Istvan & Matarazzo, 1984; Lasser et al., 2000; Morris et al., 2006; Pomerleaue et al., 1995; Snow et al., 1992; Stark & Campbell, 1993; Ziedonis et al., 1994)

Tobacco Use among Persons with Developmental Disabilities, Mental Illness or Substance Use Disorders Receiving Services from the Missouri Department of Mental Health

According to a 2008 study conducted for the Missouri Department of Mental Health (DMH) by the Missouri Institute of Mental Health, tobacco use among consumers of DMH services:

- Tobacco use is higher among Missouri consumers of psychiatric and substance abuse services than consumers nationally (44% vs. 64%).

- Tobacco use is more than twice as high among consumers of alcohol and drug abuse and psychiatric services as by adult Missourians (64% vs. 24.5%) and more than three times the use rate of the general population nationally (64% vs. 19.8%).

    - Among these consumers, 87% reported daily use, with 95% smoking cigarettes, 18% smoking cigars and 9% using chewing tobacco.

    - 76% of consumers in residential psychiatric and/or alcohol and drug abuse settings, 61% in outpatient settings and 59% in community settings, reported regular use.

- Of consumers receiving psychiatric and/or alcohol and drug abuse services that reported regular tobacco use, 56% of those indicated they would like to quit, compared to 74% of adults nationally (*Gallup, 2008*).

    - 15% of these consumers have quit, compared to 50% of the general population nationally.

    - Health concerns and costs were the leading reasons given for wanting to quit.

    - 66% of these consumers indicated they tried to quit in the past but were unsuccessful; of those that tried, 74% tried to quit on their own.

- Tobacco use is reported by 9% of consumers receiving developmental disability services.

    - Of those, 87% reported daily use, with 75% smoking cigarettes, 25% using chewing tobacco and 13% smoking cigars. Those who smoked cigars also smoked cigarettes however; those that chewed tobacco did not smoke cigarettes or cigars.

    - Of the consumers who reported regular tobacco use, 30% indicated they would like to quit.

    - 58% have tried to quit in the past but were unsuccessful.

- Only half of non-DMH funded health care providers ask DMH consumers about their tobacco use and/or desire to quit.

Missouri Department of Mental Health
Provider Tobacco Policies and Practices

According to a 2008 study conducted for the Missouri Department of Mental Health by the Missouri Institute of Mental Health, the following is a summary of the tobacco policies and practices of the Department's provider agencies:

POLICIES

- Twenty-two percent of the *mental health/substance abuse* provider agencies are smoke-free indoors and outdoors; while 7% of agencies providing *developmental disabilities* services are completely smoke-free (indoors and outdoors).
- Thirty-seven percent of the *mental health/substance abuse agencies* allow smoking outdoors in designated areas, 28% allow smoking anywhere outside on provider property and 97% prohibit indoor smoking.
    - While almost half of these agencies prohibit indoor and outdoor use of smokeless tobacco, around 18% do allow indoor use, far more agencies than those that permit indoor smoking (18% vs. 3%).
- One percent of providers of *developmental disabilities* services allow both indoor and outdoor smoking, while 23% of these providers allow the use of chewing tobacco indoors and outdoors.
- For those agencies that have made changes or are planning to make changes to their tobacco use policies, by far the greatest barriers were client and staff resistance to change.

PRACTICES

- While tobacco use among the Department's consumers of *developmental disability services* is reported to be low, use among staff is considerably higher, with 93% of agencies reporting staff who smoke.
- Around half of the providers assess tobacco use as a matter of routine, with 15% - 19% requiring staff to develop a strategy regarding tobacco cessation for tobacco using consumers.
- The majority of providers do not offer any tobacco cessation services to clients or staff. Of those that do provide these services, 60% have no financial resources to pay for them.
    - Referrals to tobacco cessation programs, informational brochures and referrals to quitlines are the most common tobacco-related services offered by agencies.
- Almost all (94%) of the *developmental disability* agencies were not aware of any tobacco cessation toolkits.
- Between 50% (developmental disability) and 70% (mental health/substance abuse) of providers were interested in receiving technical assistance on tobacco cessation, including addressing staff tobacco use, training on tobacco cessation programs and how clinicians can support a tobacco-free lifestyle.

PLANNING PROCESS

Tobacco use affects everyone. It is a public health issue that costs lives and money. Missouri's adult smoking rate is 4th in the nation (23% in 2009, *Missouri DHSS*), while tobacco use among consumers of the Missouri Department of Mental Health's services is three times the national use rate and twice the rate of Missouri's general population. Although the Missouri Department of Health and Senior Services (*DHSS*) has a state plan to reduce tobacco use in the general population, the high prevalence rates among persons with developmental disabilities, mental illness and substance use disorders receiving services from DMH prompted Missouri's mental health community to join efforts to address the significant disparities. The plan was developed in partnership with DHSS and is consistent with its state Comprehensive Tobacco Prevention and Cessation Program Strategic Plan. It encompasses one of the five state goals and revises another to specifically target consumers of DMH services and thus assist with "identifying and eliminating tobacco-related disparities".

Committee Formation

A statewide steering committee and workgroup was convened in November 2009 to help develop a strategic plan to prevent and reduce tobacco use by consumers of the Missouri Department of Mental Health's services. Members represented staff and contracted providers of the Department's three divisions; Alcohol and Drug Abuse, Comprehensive Psychiatric Services and Developmental Disabilities; as well as consumers and staff from other key stakeholders. Steering committee and Workgroup members consisted of organizations that already have smoke-free facility policies and are currently treating consumer tobacco dependence, or individuals that have significant expertise regarding tobacco-related issues. As a result, members' considerable knowledge, resources and experiences significantly aided the planning process. All of the members are extremely passionate about tobacco prevention and treatment and are highly motivated to assist in reducing the disparities among DMH consumers.

Course of Action

The Workgroup reviewed evidence-based toolkits and resources targeting persons with mental illness, substance use disorders, developmental disabilities and co-occurring disorders; identified differences between them and made recommendations regarding which to use. The Workgroup also examined issues involved with agency-level implementation such as policies to support cessation; workforce supports, including training of those responsible for implementing tobacco cessation programs and services; motivational techniques; and employee health issues and needs related to tobacco prevention and cessation. The review also considered experiences of other states and Missouri providers that are currently addressing tobacco dependence among this target population.

Recommendations

After careful review and consideration, the Workgroup determined there was no *single* toolkit targeting tobacco use by individuals with mental illness, substance use disorders and/or developmental disabilities, which they believed met the needs of all three target populations. As a result, the Workgroup recommended the Missouri Department of Mental Health develop its own "Mental Health Guide to Tobacco Recovery" utilizing information and resources from existing tobacco cessation toolkits and support group curricula. The primary content is from the following toolkits and curricula: "Tobacco Cessation for Persons with Mental Illness – A Toolkit for Mental Health Providers" *(Morris et al., 2009)*; "Tobacco Treatment for Persons with Substance Abuse Disorders – A Toolkit for Substance Abuse Treatment Providers" *(TURN, 2007)*; and "Smoking Cessation for Persons with Developmental Disabilities – Facilitator Guide" *(Arc of Lincoln/Lancaster Co., 2004)*. All three resources are free and in the public domain. The Workgroup identified information from additional evidence-based public domain toolkits to include in the "The Mental Health Guide to Tobacco Recovery" as well. It is not the intention to recreate the wheel, but to utilize the best information and resources to develop a "Guide" specific to the needs of DMH consumers.

In addition to the development and utilization of the "The Mental Health Guide to Tobacco Recovery", the Steering Committee and Workgroup recommend the plan's goals, as well as the evidence-based education, treatment and policy-related strategies designed to prevent and treat tobacco dependence among consumers of mental health services.

PLAN

Drawing from DHSS' Comprehensive Tobacco Prevention and Cessation Program Strategic Plan, recommendations from the statewide Steering Committee and Workgroup, and research on evidence-based tobacco cessation policies and practices, the Department of Mental Health developed the following statewide tobacco cessation plan for persons with developmental disabilities, mental illness, and substance use disorders receiving services from DMH.

GOAL 1

Create tobacco-free facilities where consumers receive state-funded mental health services.

Evidence

According to the United States Preventive Services Task Force (USPSTF), creating a tobacco-free environment is an effective and recommended approach for tobacco-use prevention and cessation. This includes tobacco-free policies, bans and restrictions as a strategy for reducing staff and consumers exposure to and use of tobacco products.

Objectives

1. Increase the number of DMH contracted providers who have comprehensive tobacco-free policies including prohibiting staff smoking with consumers; not selling tobacco products; prohibiting tobacco as a reward for positive behaviors; the inclusion of tobacco in substance use polices; addressing visitor and staff tobacco use; and ultimately having tobacco-free buildings and grounds.

2. Increase the number of Assisted Living Facilities (ALF), Residential Care Facilities (RCF) and Individualized Supported Living (ISL) providers who offer tobacco-free living environments.

Strategies

- Obtain detailed information on the number of contracted providers that have comprehensive tobacco-free policies.
    - Require all contracted providers to participate in data collection.

- Develop and provide face-to-face and web-based training to educate contracted providers about the harmful effects of tobacco use and the benefits of creating tobacco-free environments for consumers and staff.

- Develop a web-based "Mental Health Guide to Tobacco Recovery" to assist providers to establish tobacco-free policies.

- Provide technical assistance to contracted providers on how to establish tobacco-free environments utilizing DMH staff and peer mentors from providers that have already established smoke-free facilities.

- Require contracted providers to implement policies prohibiting staff use of tobacco products in the presence of consumers.

- Require DMH owned and operated Habilitation Centers to implement policies prohibiting the use of tobacco products among staff and visitors on Hab center grounds.

    - Institute Hab Center policy and practice of not placing tobacco-using consumers with non-tobacco using consumers.

- Require contracted providers to put into practice policies prohibiting any staff from procuring tobacco products for consumers.

- Require contracted providers who do not currently offer a tobacco-free campus to institute a designated outdoor smoking area to be within 50 feet of the building.

- Require all DMH funded youth service providers to institute tobacco-free campus policies.

GOAL 2

Support preventing and quitting the use of tobacco products among consumers of the Department of Mental Health's services and DMH contracted provider staff.

Evidence

According to the USPSTF, the use of comprehensive provider reminder systems, coupled with the use of educational materials to consumers and staff, is a multi-component approach used to increase tobacco use cessation. Additional evidence-based interventions proven to decrease tobacco use include those designed to reduce the financial barriers that may keep people from using tobacco cessation therapies and ones that combine nicotine replacement, pharmacological and behavioral therapies, including cessation groups.

Objectives

1. Decrease the percentage of consumers who use tobacco products by 10% by 2015.

2. Increase the percentage of contracted providers that report no staff tobacco use from 8% to 20% by 2015.

3. Increase the percentage of contracted providers who Routinely assess all new and existing consumers' tobacco use/dependence, motivation and readiness to quit from 52% to 100% by 2012.

4. Raise the percentage of DMH consumer tobacco users who want to quit using tobacco products to that of the general population rate of 70% *(CDC 2002)* by 2015.

5. Increase the percentage of contracted providers that develop strategies in consumer treatment plans to address tobacco dependence from 16% to 50% by 2015.

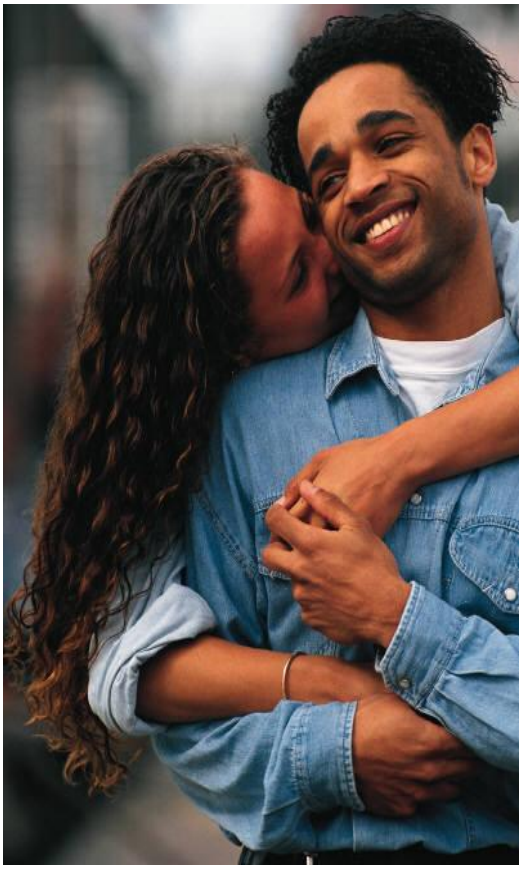
6. Increase the percentage of contracted providers who offer comprehensive tobacco cessation services including individual and group counseling, evidence-based programs, cessation support groups and nicotine replacement therapies to 45% by 2015.

7. Increase the percentage of providers who are aware of toolkits to treat tobacco dependence among consumers receiving developmental disabilities, mental health, or substance abuse services from 94% (DD providers) and 70% (ADA & CPS providers) to 98% by 2013.

8. Increase the percentage of non-DMH funded health care providers who ask DMH consumers about their tobacco use from 42% to 55% by 2015.

Strategies

- Develop a web-based "Mental Health Guide to Tobacco Recovery" to assist DMH providers to effectively treat consumer tobacco dependence and inform providers of its availability once developed. The "Guide" will be assessable in hard copy and electronically through the DMH web-site.



- Develop a page within the DMH web-site for the "Living Tobacco Free – Recovery and Prevention for Our Mental Health & Wellness" Campaign. Website to include:
    - "Mental Health Guide to Tobacco Recovery".
    - Training and resources for administrators on how to establish smoke-free facilities, including building staff buy-in and sample policies.
    - Training and resources for clinicians on effective therapies to treat tobacco dependence among consumers of mental health services. Resources to include tobacco use assessment and diagnosis, developing treatment plans and facilitating tobacco awareness and recovery groups.
    - Consumer specific tobacco cessation group curricula and curriculum-specific facilitator training certificate program.
    - Links to additional resources to treat tobacco dependence among persons with developmental and intellectual disabilities, mental illness, and substance use disorders.
- Develop and provide face-to-face and web-based training for provider staff to educate them on effective therapies to treat tobacco dependence based on individual consumer characteristics, functionality, setting and motivational levels. Training to also include information on community resources, quitlines, insurance options, and psychotropic medications and their interactions with the use of tobacco products.
- Require contracted providers to have plans outlining their strategies to prevent tobacco use and strategies to assist consumers and staff with tobacco recovery.
- Require contracted providers to routinely assess for tobacco dependence and readiness to change with all new and existing consumers.
    - Require contracted providers to address tobacco dependence in consumer treatment plans when assessed as an issue.
- Require contracted providers to incorporate tobacco issues into consumer education curriculum.

- Develop and provide a web-based and face-to-face curriculum specific tobacco cessation group facilitator training certificate program.

- Create criteria and process to become a Tobacco Treatment Specialists through the Missouri Substance Abuse Professional Credentialing Board.

- Work with the Division of Missouri HealthNet Medicaid program to allow coverage of the tobacco-dependence treatments recommended by the U.S. Department of Health and Human Services (DHHS) Public Health Service (PHS) Clinical Practice Guidelines on "Treating Tobacco Use and Dependence".

- Offer enhanced billing rates for contracted providers of substance abuse and developmental disabilities services to treat consumer tobacco dependence (individual and group counseling and group education).

- Develop mechanism to allow DMH funded providers to treat consumer primary tobacco dependence.

- Utilize and train peer coaches/educators to provide consumer tobacco education.

- Work with contracted youth and adolescent providers to implement evidence-based youth tobacco education, cessation and prevention programs.

- Provide cessation incentives for tobacco dependent consumers.

- Inform health care providers of the availability of the "Mental Health Guide to Tobacco Recovery" to assist in counseling patients with developmental disabilities, mental illness and substance use disorders who use tobacco products.

- Establish ongoing communication with community support groups, 12-step recovery groups, professional colleagues, and referral sources.

- Evaluate success of strategies through ongoing assessment of provider tobacco policies and the use of tobacco products among consumers and provider staff.

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